Registrotion District No	THEN	ALIC O	1957		OF HEALTH OF MISSOU		24	052
1. PLACE OF DEATH  a. COUNTY  ADDITION  D. CITY (I possible copocode limits, give TOWNSHIP only) Incide Limits  C. STATE MADDITION  D. CITY (I possible copocode limits, give TOWNSHIP only) Incide Limits  C. FULL NAME OF (If NOT in hospital, give location) Langth of stey in 1b  J. STREET  (If outside, give location)  Reside on TOWN  J. STREET  (II outside, give location)  Reside on TOWN  J. STREET  (II outside, give location)  Reside on TOWN  J. STREET  (II outside, give location)  Reside on TOWN  J. STREET  (II outside, give location)  Reside on Town  J. MARTH OF STREET  (II outside, give location)  Reside on Town  J. STREET  (II outside, give location)  Reside on Town  J. STREET  (II outside, give location)  Reside on Town  J. STREET  (II outside, give location)  Reside on Town  J. STREET  (II outside, give location)  Reside on Town  J. STREET  (II outside, give location)  Reside on Town  J. STREET  (II outside, give location)  Reside on Town  J. STREET  (II outside, give location)  Reside on Town  J. STREET  (II outside, give location)  Reside on Town  J. STREET  (II outside, give location)  Reside on Town  J. STREET  (II outside, give location)  Reside on Town  J. STREET  (II outside, give location)  Reside on Town  J. STREET  (II outside, give location)  Reside on Town  J. STREET  (II outside, give location)  J. STREET  J. STREE	LIFTO	AUG Z	• -			S <sup>-</sup>		
DECENSION OF THE COUNTY NOTE OF THE PROPERTY OF THE COUNTY NOTE OF THE			Registration D	istrict No	Primary Registration D	istrict No.4//3	Registro	ar's No. 3
ORN TOWN  C. FULL NAME OF (If NOT in hospital, give location)  C. FULL NAME OF (If NOT in hospital, give location)  C. FULL NAME OF (If NOT in hospital, give location)  C. FULL NAME OF (If NOT in hospital, give location)  C. FULL NAME OF (If NOT in hospital, give location)  C. FULL NAME OF (If NOT in hospital, give location)  C. FULL NAME OF (If NOT in hospital, give location)  C. FULL NAME OF (If NOT in hospital, give location)  C. FULL NAME OF (If NOT in hospital, give location)  C. FULL NAME OF (If Not in hospital, give location)  C. FULL NAME OF (If Not in hospital, give location)  C. FULL NAME OF (If Not in hospital, give location)  C. FULL NAME OF (If Not in hospital, give location)  C. GATE OF BIRTH  C. GATE OF BIRT		$\sim$		,	Į i	•		n: Residence before dmission)
TOTAL MANG OF (II NOT in hospital, give location)   Langth of stay in 10   A STREET   (If outside, give location)   Reside on Past   ADDRESS   (If outside, give location)   Reside on Past   ADDRESS   (If outside, give location)   Reside on Past   ADDRESS   (If outside, give location)   Past   North   Past   North   Past   Past   North   Past   North   Past   Past   North   Past   Past	OR		orporate limits, give	i	No [] OR	(.).	7.42.0-	Inside Limits
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BECEASE POPISI)  CARLOS OR PRACE  TYPPO OP PISIT  S. SEX  U. C. COLOD OR RACE  WIDOWED  DIVORCED  DIVORCED	HOS	TIAL OR		Langin of sic	d. SIREEI	(If outsid	e, give location)	· I
DO LUSUAL COCUPATION (Gibe third giver) from the country of the stand giver is giver) from the country of the standard of the standard giver is giver	DECEASE	D	Pirat	Middle 5	$\rho$	OF	Month []	
100. USIAL OCCUPATION (Ciber hind given & done)  101. MINIO OF BUSINESS OR INDUSTRY  11. BIRTHPLACE (City and atone or country)  11. BIRTHPLACE (City and atone or country)  12. CITYEN OF WHAT COUNTRY  13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  15. WEST DECEASED EVER IN U.S. ARMED FORCES;  16. SOCIAL SECURITY NO. II. INFORMANT  17. INFORMANT  18. ADJUNCA  18. ADJUNC		<b>(</b> 6.	COLOR OR RACE	• -	RIED 8. DATE OF BIRTH	9. AGE (In last birth	years IF UNDER 1 day) Months D	YEAR OF UNDER 24 HRS.
3. FATHER'S NAME  4. MOTHER'S MAIDEN NAME  5. WAS DECASED EVER IN U. S. ARMED FORCES!  (14. MOTHER'S MAIDEN NAME  49.7-2.2-29.93  44. FATHER'S MAIDEN NAME  49.7-2.2-29.93  44. MOTHER'S MAIDEN NAME  45. LANGE OF BUILDING Address  45. LANGE OF BUILDING OF LOCAL SECURITY NO. [7]. INFORMANT  47. MOTHER'S MAIDEN NAME  49.7-2.2-29.93  40. MOTHER'S MAIDEN NAME  40. MOTHER'S MAIDEN NAM	10a. USUAL C	CCUPATION (Gi	we kind of work done if the, even if refired)			<del></del>	12. CITIZEN	OF WHAT COUNTRY?
IRECAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  PART I. DEATH MEDIATE CAUSE (a)  Conditions, if any, which gave rise to do cause (a).  Conditions, if any, which gave rise to do cause (b), stating the under-lying cause last.  DUE TO (c)  DUE TO (c)  DUE TO (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTINEUTING TO DEATH BUT NOT RELATE TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.  DUE TO (c)  DUE TO (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTINEUTING TO DEATH BUT NOT RELATE TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.  DUE TO (c)  DUE TO (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTINEUTING TO DEATH BUT NOT RELATE TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.  DIE TO (c)  DO (	Rura	Mre			14. MOTHER'S MAIDE	- Missour IN NAME	<u>i   U.</u>	8.a.
IDEA WORK WAS ALVOSTED TO BE TO (c)  DUE T	15. W/S DEC	KNAO.	U.S. ARMED FORCES	VIII	Elizabe	the Hane	Address	
PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  Conditions, if any, which gave rise to above cause (b)  DUE TO (b)  Conditions, if any, which gave rise to above cause (last.)  DUE TO (c)  DUE TO (c)  Conditions (if any, which gave rise to above cause (last.)  DUE TO (c)  DUE TO (c)  Conditions (last.)  Con	(Yea. No. or w	known) (II se			2993 Gentr	ude Burri	v. au	a mo.
Conditions, if any, which gave rise to observe cause for making across fast.  Due to (c)  Conditions to the under the following control of the under the und		RT I. DEATH W	AS CAUSED BY:	e per line for (a), (b), and (c	Ewn ou	Acchia		ONSET AND DEATH
DEFORMED THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(a)  PART II. OTHER SIGNIFICANT IN PART II(a)  PART II. OTHER SIGNIFICANT III PART II(a)  PART II. OTHER SIGNIFICANT III PART II(a)  PART II. OTHER SIGNIFICANT III PART III III PART III III III III III III III III III I	c	onditions, if an	y. } DUE TO (b)	Chroni	Carono	u Heret.	Degin.	5
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATE TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)    PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATE TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)    PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATE TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)    PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATE TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)    PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)    PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)    PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)    PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)    PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION OF PART III OF PART	at.	ove cause (a Uing the unde	7-	Chonie	Myocarl		-4	3,
20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)  20c. TIME OF Hour Month, Day, Year INJURY e. m. p. m.  20d. INJURY occurred  WHILE AT NOT WHILE AT AT WORK  21. I attended the deceased from  Death occurred at month date stated above; and to the best of my knowledge, from the causes street.  22a. SIGNATURE  (Degree or title)  22b. NAME OF CEMETERY OR GREMATORY  PREMOVAL (Specify)  ST.  22c. NAME OF CEMETERY OR GREMATORY  23d. LOCATION, (City, fourn, or county)  (State)  Ma. C. Hours Address  Address  Linking Alana Turneral Homes  Address  Address  Linking Alana Turneral Homes  Manth Street, office bidg., etc.)  Manth Of Cemetery OR GREMATORY  ADDRESS  Address  Linking Alana Turneral Homes  Manth Street, office bidg., etc.)  Manth Of Cemetery OR GREMATORY  Consulting  Linking Alana Turneral Homes  Manth Street, office bidg., etc.)  Linking Alana Turneral Homes  Manth Street, office bidg., etc.)  20f. CITY, TOWN, OR LOCATION  COUNTY  ST.  21 Laterded the deceased from  mon the date stated above; and to the best of my knowledge, from the causes at the c	Z: -			ONTRIBUTING TO DEATH BUT NO	RELATED TO THE TERMINAL DISEA	ISE CONDITION GIVEN IN PART	, '(")	0
20c. TIME OF Hour Month, Day, Year INJURY 6, m.  20d. INJURY OCCURRED  WHILE AT NOT WHILE I farm, factory, street, office bldg., etc.)  21 I attended the deceased from non the date stated above; and to the best of my knowledge, from the causes st.  22a. SIGNATURE  (Degree or title)  W. D  22b. ADDRESS  ADDRE	20a. ACC			206. DESCRIBE HOW INJURY	OCCURRED. (Enter nature of	injury in Part I or Part		TES ES NO CO
20d. INJURY OCCURRED  WHILE AT NOT WHILE  AT WORK  21 I attended the deceased from  Death occurred at	T. 1 -2	JRY €,πa,					· · · · · · · · · · · · · · · · · · ·	T + ",
21. I attended the deceased from	¥ 20d, INJ WHILE A	RY OCCURRED	HILE   farm.	OF INJURY (e.g., in or about factory, street, office bldg., el	ul home, 20f. CITY, TOWN, C	OR LOCATION	COUNTY	STATE .
22a. SIGNATURE  (Degree or title).  W. D. 22b. ADDRESS  W. C. Flutty  22c. DATE SIGNATION.  23d. LOCATION, (City, town, or county)  (State)  PLINTER  24. FUNERAL DIRECTOR  ADDRESS  AD	<del>                                   </del>		<u>1</u>		to	and last saw her	alive on	
23a. BURIAL CREMATION.  23a. DATE  23c. NAME OF CEMETERY OR GREMATORY  PEMOVA (Specify)  3-1-1957 Was Camalery  24. FUNERAL DIRECTOR  ADDRESS  Ada 25. DATE BECD. BY LOCAL REG.  PLINKing based Funeral House, May Jacy 30-57 Vertal Bushna					<del> </del>	d to the best of my kn	owledge, from	<del></del>
Bernova (Specify) 9-1-1957 Wa Constery Qua, Ma. 24. FUNERAL DIRECTOR ADDRESS and 25. DATE NECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE  Clinking board Funeral Home, Mo. Jaly 30-57 Vertal Budina	7	W.C.	Hentry	M.		iva	Mo	7-29-6
24. FUNERAL DIRECTOR ADDRESS and 25. DATE BECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE Clinking band Funeral House Men. July 30-57 Vertal Budina				23c. NAME OF CEMETE	RY OR CREMATORY	23d. LOCATION (City, to	un, or county)	, , , ,
	24. FUNERAL	DIRECTOR		PRESS ada	-	.7 71. 4	SIGNATURE	1
(Licensed Embalmer's Statement on Reverse Side)	Juny !	mgae	ara Jumes	AX HOME TH	401 - 11	12277	e su	alloydon

NE 8 1957

STATEMENT BY LICENSED EMBALMER

working under my personal supervision..

arles & Fish

P. O. Address

Licensed Embalmer No.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.

If embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.